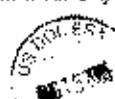


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 96-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: <u>7726</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through <u>12/31/2004</u>
3. Name and address of person filing.	
Name: <u>STEVEN CARRY</u>	Name: <u>LOCAL 459</u>
P.O. Box, Bldg., Room No., if any: <u>Box 326</u>	Labor Organization File Number: <u>81025216 039109</u>
Street: <u>20080 Coyote Ln</u>	P.O. Box, Building and Room Number, if any: <u>1026</u>
City: <u>Frenchtown</u>	Street: <u>SOUTH 5TH W</u>
State: <u>Montana</u>	City: <u>MISSOULA</u>
ZIP Code + 4: <u>59834-0326</u>	State: <u>Montana</u>
ZIP Code + 4: <u>59801</u>	
5. Position in labor organization: <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name: _____	_____
Trade Name, if any: _____	_____
P.O. Box, Bldg., Room No., if any: _____	_____
Street: _____	_____
City: _____	_____
State: _____ ZIP Code + 4: _____	7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7-29-05

Date

(406) 549-3479

(406) 624-4715 Home

Telephone Number

## 12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 13.b. Is the business an employer  or Consultant 

## 14.a. Nature of payment.